

County Name: _____

HSD-2 PROVIDER LIST - List of Physicians and Other Practitioners

[illegible]

PROVIDER LIST - List of Physicians and Other Practitioners**TABLE: HSD-2****Instructions:**

Provide a separate table for each county or partial county.

Array providers alphabetically by type of provider (Group, IPA, PHO, Direct w/Plan and Staff) and location.

Column Explanations:

- 1. Name of Physician or Mid-Level Practitioner** (physician assistants, nurse practitioners and nurse mid-wives).
- 2. Specialty** - Self-explanatory.
- 3. S=Staff G=Group I=IPA P=PHO D=Direct S=Staff** - Self-explanatory.
- 4. Service Address** - Specify the address (street,city, state, zip), location where the provider serves patients. Providers should be listed alphabetically first by Group, IPA, PHO, Direct w/Plan and Staff. If a provider sees patients at more than one location list each location separately. However, the provider should only be counted once on HSD Table 1.
- 5. Contracted Hospital(s) Where Privileged** - Identify hospital(s) in the geographic area where the provider has admitting privileges, other than courtesy privileges.
- 6/7. Serves Commercial Only/Serves Commercial & Medicare** - Please check which one column applies.
- 8. Accepts New Medicare Patients?** - Provide "Yes" or "No" response
- 9. Medicare Payment Arrangements** - **FS= Fee Schedule DFS = Discounted Fee Schedule CAP= Capitation etc.** -
Identify the payment method used to pay contracted providers.